

Submittal requirements for:  
**COMMERCIAL BUILDING PERMIT**

- Completed application.
- Three copies signed and sealed drawings, one of the three copies requires wet seal.
- Three copies signed and sealed site plan, one of the three copies requires wet seal.
- Land Use Permit or Checklist from the Municipality
- Present Certificate of Use & Occupancy from the Municipality or Labor and Industry
- Energy compliance certificate (if insulating)
- Contractor Workman's Compensation Insurance certificate or exemption form
- Driving directions

- 
- After submitting all required documents your application will be reviewed.
  - CCIS will contact you within 4 weeks with approval or denial of your application. .

**COMMONWEALTH CODE INSPECTION SERVICES, INC.**  
**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

Permit Application Date: \_\_\_\_\_ Permit Application No.: \_\_\_\_\_

**PROPERTY ADDRESS**

Street Address:		Parcel:	Zoning:
Subdivision:		Lot:	Type:
Municipality:		County:	

**OWNER ADDRESS**

Last Name or Business:		First Name:	Phone:	
Address:		City:	State:	Zip:
			Fax:	

**TYPE OF APPLICATION**

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy			
<b>Type of Work (Check all that apply)</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Additional Construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ) <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy		<b>Type of Construction (Check all that apply)</b> <input type="checkbox"/> I-A <input type="checkbox"/> I-V <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> V-B <input type="checkbox"/> II-B <input type="checkbox"/> V-A <input type="checkbox"/> III-A <input type="checkbox"/> Separate Use <input type="checkbox"/> III-B <input type="checkbox"/> Non-Separated Use	<b>Previous L &amp; I Certificate #(s)</b>  <b>PROPOSED CODE/YEAR FOR THIS PROJECT</b>
<b>Use Group (List All)</b> <input type="checkbox"/> A-1 <input type="checkbox"/> H-1 <input type="checkbox"/> R-1 <input type="checkbox"/> A-2 <input type="checkbox"/> H-2 <input type="checkbox"/> R-2 <input type="checkbox"/> A-3 <input type="checkbox"/> H-3 <input type="checkbox"/> R-3 <input type="checkbox"/> A-4 <input type="checkbox"/> H-4 <input type="checkbox"/> R-4 <input type="checkbox"/> A-5 <input type="checkbox"/> H-5  <input type="checkbox"/> B <input type="checkbox"/> I-1 <input type="checkbox"/> S-1 <input type="checkbox"/> <input type="checkbox"/> I-2 <input type="checkbox"/> S-2 <input type="checkbox"/> E <input type="checkbox"/> I-3 <input type="checkbox"/> <input type="checkbox"/> I-4 <input type="checkbox"/> U <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> M	<b>Fire Separation</b> <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-Separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	<b>Fire Suppression (List All)</b> Type: <input type="checkbox"/> Wet (Water) # _____ Standard <input type="checkbox"/> Dry (Water) # _____ Standard <input type="checkbox"/> Chemical # _____ Standard Type _____	
Start Date:	End Date:	Total Value of All Work:	

**Description of Proposed Project:**

**ELECTRICAL PERMIT INFORMATION**

**Electrical Service Site**

\_\_\_\_\_ Amps      Power Company Name: \_\_\_\_\_

\_\_\_\_\_ Volts      Power Company Job #: \_\_\_\_\_

\_\_\_\_\_ Ø

General Outlets:      \_\_\_\_\_ 120 Volt      \_\_\_\_\_ 240 Volt

Circuits:      \_\_\_\_\_ 2 Wire      \_\_\_\_\_ 3 Wire      \_\_\_\_\_ 4 Wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

<b>Start Date:</b>	<b>Finish Date:</b>	<b>Value of Work:</b>
--------------------	---------------------	-----------------------

**PLUMBING PERMIT INFORMATION**

Water Service Size \_\_\_\_\_ Water Company Name: \_\_\_\_\_  
 \_\_\_\_\_ Inches Diameter Water Company Job #: \_\_\_\_\_  
 \_\_\_\_\_ Pressure at Main (PSI) \_\_\_\_\_ Supply at Main (GPM)  
 Supply Branches: \_\_\_\_\_ Hot \_\_\_\_\_ Cold Total Demand: GPM \_\_\_\_\_ PSI \_\_\_\_\_

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

Sewer Sewer Company Name: \_\_\_\_\_ Job #: \_\_\_\_\_  
 Size of Main: \_\_\_\_\_ in. Size of Lateral: \_\_\_\_\_ in. Capacity of System: \_\_\_\_\_ dfu  
 Septic S.E.O Name: \_\_\_\_\_ Job #: \_\_\_\_\_  
 Size of Tank: \_\_\_\_\_ in. Size of Lateral: \_\_\_\_\_ in. Capacity of System: \_\_\_\_\_ dfu  
 Size of Building Drain: \_\_\_\_\_ in. Total Calculated Outflow: \_\_\_\_\_ dfu

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

Grease Trap: \_\_\_\_\_ gal. Garbage Disposal #: \_\_\_\_\_ Air Admittance Valve #: \_\_\_\_\_ Back Flow Preventer #: \_\_\_\_\_

Start Date:	Finish Date:	Value of Plumbing Work:
-------------	--------------	-------------------------





**PROPOSED DEFERRED SUBMITTALS**

- Foundation Permit (All Deferred)      ETA   /  /
- Structural Steel                              ETA   /  /
- Fire Suppression                              ETA   /  /
- Fire Alarm                                      ETA   /  /
- Roof Truss                                      ETA   /  /
- Floor Truss                                      ETA   /  /
- Spec Books                                      ETA   /  /

**PERSONNEL**

**Architect**

Architect in Responsible Charge: _____		
Lead Architect: _____	Contact Person: _____	
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Mobile: _____		
Fax: _____		
Email: _____		

**Structural Engineer**

Firm: _____		
Lead Engineer: _____	Contact Person: _____	
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Mobile: _____		
Fax: _____		
Email: _____		

**General Contractor**

General Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Are there other prime contractors:  Yes  No If yes, list separately.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Electrical Engineer**

Firm: \_\_\_\_\_

Lead Engineer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Mechanical Engineer**

Firm: \_\_\_\_\_

Lead Engineer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**Plumbing Engineer**

Firm: \_\_\_\_\_

Lead Engineer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Fire Alarm Engineer/Designer**

Firm: \_\_\_\_\_

Lead Engineer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Fire Suppression Engineer/Designer**

Firm: \_\_\_\_\_

Lead Engineer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**FAILURE TO FILL OUT THE PERMIT APPLICATION MAY RESULT IN DELAYS OR REJECTION OF APPLICATION**

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE**

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hour notice.

Contact your local CCIS office at: 1102 Sheller Avenue, Suite B • Chambersburg, PA 17201 • Phone: (717) 262-0081 • Fax: (717) 263-3546

# Pennsylvania Residential Energy Provisions Worksheet

**PROJECT** Address \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Date \_\_\_\_\_ Date of Plan \_\_\_\_\_

Type of Dwelling:  One or two family dwelling  Townhouse

**Compliance Path**

**IECC**  
 REScheck Software  
 REScheck Package Generator  
 Other

**IRC**

**PA-Alternative Residential Energy Provisions**

If using IECC, How are you documenting compliance?

**Thermal Enclosure**

<b>Windows/Doors (U-value)</b>				
Windows	Required	Actual	Required	Actual
Skylights	U- .35	U-	U- .35	U-
Other _____	U- .60	U-	U- .60	U-
Glazed Doors (> 50% glass)	U-	U-	U-	U-
Opaque Doors (≤ 50% glass)	U- .35	U-	U- .35	U-
	U- .35	U-	U- .35	U-
<b>Exterior Wall Insulation (R-Value)</b>				
Cavity	R- 20	R-	R- 19	R-
Continuous (Insulated Sheathing)	R- 13+5	R-	R- 13+5	R-
<b>Roof (R-value)</b>				
Standard Truss or Rafter	R- 38	R-	R- 38	R-
Raised Heel/Energy Truss	R- 30	R-	R- 30	R-
Cathedral Ceiling	R- 30	R-	R- 30	R-
<b>Floors (R-Value)</b>				
Over Unconditioned Space (unconditioned basements, vented crawlspaces, garages, etc.)	R- 30	R-	R- 30	R-
Floors Exposed to Outside Air	R- 30	R-	R- 30	R-
<b>Crawlspace Walls (Non-vented Crawlspace)</b>				
Cavity	R- 13	R-	R- 13	R-
Continuous (Insulated Sheathing)	R- 10	R-	R- 10	R-
<b>Basement Walls - % above ground</b>				
Front _____ %	10/13	R-	10/13	R-
Rear _____ %	R_ If ≤ 50%	R-		R-
Left Side _____ %	R_ If > 50%	R-		R-
Right Side _____ %	19	R-	19	R-
Slab Insulation (required if slab is < 12" below grade)	R10 @ 2 ft	R_ @ _ ft	R10 @ 2 ft	R_ @ _ ft
	<small>Add R-.5 if heated slab</small>		<small>Add R-.5 if heated slab</small>	

Required for REScheck package generator + software:

Gross area of exterior walls	①	
Gross area of windows & glazed doors	②	
Window to Wall Area: $2 \div 1 = \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$		

**WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION**  
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' Compensation Law.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "yes", complete Section B or C below.  
If the answer is "no", complete Section C below.

\*\*\*\*\*

B. Insurance Information:  
Name of Applicant \_\_\_\_\_  
Federal or State Employer Identification No. \_\_\_\_\_  
Applicant is a qualified self-insurer for Workers' Compensation  
\_\_\_\_\_ Original Certificate attached.  
Name of Workers' Compensation insurer \_\_\_\_\_  
Workers' Compensation Insurance Policy No. \_\_\_\_\_  
\_\_\_\_\_ Original Certificate attached.  
Policy Expiration Date \_\_\_\_\_

\*\*\*\*\*

C. Exemption...  
Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Worker' Compensation Law for one of the following reasons, as indicated.  
\_\_\_\_\_ Contractor with no employees. Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Municipality.  
\_\_\_\_\_ Homeowner who elects to perform all of the work without contracting or hiring others to assist.  
\_\_\_\_\_ Religious exemption under Worker' Compensation Law.

\*\*\*\*\*

Signature of applicant: \_\_\_\_\_  
Address: \_\_\_\_\_

\*\*\*\*\*